



City of
JURUPA VALLEY
California

**2019-2020 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

Application is due 3:00 PM February 15, 2019

Late Applications will not be accepted

Submit 2 original applications & back up documentation to:

Sean McGovern

Jurupa Valley City Hall

8930 Limonite Ave., Jurupa Valley CA 92509

AND

Email the completed application form to: smcgovern@jurupavalley.org

Check each item included in your application package. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

**Do not submit testimonials, letters of support, or program literature
MODIFIED APPLICATIONS WILL NOT BE ACCEPTED**

Organization Name: _____

Program Name: _____

CDBG Amount Requested: \$ _____

- Application
- Attachment A: Proposed Budget
- Attachment B: CDBG Funded Personnel

Please submit a copy of the following documents with the original application

- IRS Tax Exempt Documentation
- Most Recent Financial Audit & 990 Tax Filing

1. APPLICANT GENERAL INFORMATION

A. Organization Legal Name: _____

B. Address: _____

C. Program Name: _____

D. CDBG Amount Requested: \$_____

E. Check the **ONE** category that best describes the proposed program

- | | |
|---|---|
| <input type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physically/Developmentally Disabled Services | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> Persons with HIV/AIDS Services | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Fair Housing Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Severe Mental Illness Services | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Other Public Service (specify) | <input type="checkbox"/> Health Services |

F. Is this application submitted by a faith-based organization?

Yes No

G. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.): _____

H. Person to contact regarding this application & program administration:

Name: _____ Email Address: _____

Telephone: _____ Fax: _____

I. Federal Tax ID Number: _____ K. DUNS Number: _____

K. Officials Authorized to Sign Contracts & Expend Funds:

Name: _____ Title: _____

Name: _____ Title: _____

2. APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)

Provide a brief summary of how the proposed program will address a need in Jurupa Valley, your agency's capacity/experience to carry out the activity & administering CDBG funds, and how CDBG grant funds will be used. _____

3. COMMUNITY NEED

Provide data relevant to the need for the proposed program in Jurupa Valley. Ensure information is specific to the City. Ensure you specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated/demonstrably reduced.

4. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (include license, academic credentials, etc.) & other relevant information. _____

- B. Summarize your organization's experience administering CDBG public service grant funds. _____

C. List 3 references for 3 grant fund providers that have funded the proposed program. NA

GRANT PROVIDER	GRANT PROVIDER CONTACT NAME TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
		\$	
		\$	
		\$	

D. Compliance with 2 CFR Part 200(Single Audit):

1. In any of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes No
2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If “Yes” please provide a copy of most recent Single Audit.

5. PROGRAM INFORMATION

A. Complete the following budget summary for the proposed program.

- 1. 2019-2020 Jurupa Valley CDBG Grant Funds Requested: \$ _____
- 2. Total 2019-2020 Program Budget: \$ _____
- 3. Total 2019-2020 Agency Budget: \$ _____

B. Detail how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B “Proposed Program Budget”** is reflective of this outline. _____

C. Provide the following information regarding full-time, part-time, contract & volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for any personnel costs, **Attachment C “CDBG Funded Personnel”** must be completed).

Full-Time Staff: _____ Part-Time Staff: _____
Contract Staff: _____ Volunteers: _____

D. What percentage of the organization’s total budget is spent on fundraising & overall administration?
_____%

E. Provide the following information regarding the number of unduplicated clients that will be served by the proposed program:

- 1. Total number of unduplicated program clients, **regardless of city of residence that** will be service by the program between 7/1/2019 & 6/30/2020? _____ Individuals
- 2. Total number of unduplicated **Jurupa Valley clients** that the program will serve by the program between 7/1/19 & 6/30/20? _____ Individuals
- 3. Total number of unduplicated Jurupa Valley clients that the program will serve with CDBG funds between 7/1/19 & 6/30/20? _____ Individuals
- 4. What % of the total program budget will be used to serve unduplicated Jurupa Valley residents?
_____%

F. Is this a new program? Yes No If this is **not** a “New” program, how will this program be expanded from current program efforts? _____

6. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2019 through 6/30/2020:

- A. Number of unduplicated Jurupa Valley residents the program will serve **with requested CDBG funds?** ____ Individuals.

What % of these individuals will be of low/moderate income? ____%

*Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for "**presumed beneficiary**" category clients; however, documentation of "presumed beneficiary" status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.*

- B. Does the proposed program application/intake form collect all HUD-required information?

Yes No If "**Yes**," how is this information documented?

a. Self-Certification

b. Analysis of household income documents such as tax returns/pay checks

c. Program serves **presumed beneficiary** category List category ____

If "**No**," how will this information be collected & reported to the City? ____

- C. If the proposed service assists the homeless, what percentage of clients are "chronic homeless?"
____% Not Applicable

*HUD defines **chronically homeless** as:*

(1) An individual who:

(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &

(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &

(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.

- D. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" & "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.
- Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).
- Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

7. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Jurupa Valley ("City") by the Board of Directors of {Insert Agency Name} ("Agency"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Jurupa Valley residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Agency fails to serve eligible Jurupa Valley residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: _____

Title: _____

Signature

Date

ATTACHMENT A
PROPOSED 2019-2020 PROGRAM BUDGET

Program Name: _____

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$	\$	\$
Program Staff Salaries & Benefits	\$	\$	\$
Program Supplies	\$	\$	\$
Rent/Lease	\$	\$	\$
Communications	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Professional Services (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL	\$	\$	\$

List Source of "Other" Program Funds to be used to Assist JV Residents

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 19-20 WITH A CONTRACT?
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$	

ATTACHMENT B CDBG FUNDED PERSONNEL

CHECK BOX IF NOT APPLICABLE

LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING 2019-2020 CDBG FUNDING

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO JURUPA VALLEY CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO JURUPA VALLEY CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO JURUPA VALLEY CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

APPLICATION SUPPLEMENTAL FOR HOMELESS SERVICES

1. Describe your experience with analyzing and interpreting U.S. Census and other official forms of data related to homelessness. _____
2. Describe your organization's experience with developing a homelessness outreach effort to collect new data. _____
3. Describe your organization's experience with developing, proposing, and implementing results-oriented solutions to mitigate and serve the homeless population. _____
4. Describe your organization's familiarity with social services in the Jurupa Valley, Riverside County, and greater Southern California areas. _____
5. Describe your organization's familiarity with the Community Development Block Grant process and other streams of Federal, State, or Local revenue. _____